

AO 240 (Rev. 12/01)
DELAWARE 4/05**ORIGINAL***original***UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

06 - 236

James St. Louis

Plaintiff

V.

Cheryl Morris et al

Defendant(s)

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

CASE NUMBER:

I, James St. Louis declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Inmate Identification Number (Required):

Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

FILED

APR 10 2006

U.S. DISTRICT COURT
DISTRICT OF DELAWARE12/07/2005 DCC MAIN KITCHEN SMYRNA 364 HOUR (70.00 mth)

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

- • Yes

• ☒ No

If "Yes" state the total amount \$ 100

- 0 -

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

- • Yes

••No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

4/6/2006

DATE _____

James St. Louis
SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

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TO: James St. Louis SBI#: 446518
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: March 9, 2006

Attached are copies of your inmate account statement for the months of
September 2005 to February 2006

The following indicates the average daily balances.



<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sep</u>	<u>46.96</u>
<u>Oct</u>	<u>69.28</u>
<u>Nov</u>	<u>74.90</u>
<u>Dec</u>	<u>80.81</u>
<u>Jan</u>	<u>61.65</u>
<u>Feb</u>	<u>33.80</u>

Average daily balances/6 months: 61.69

Attachments
CC: File

Stacy Shane
3/9/06

Mar Pulli
3/10/06

Individual Statement

Date Printed: 3/9/2006

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For Month of September 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$3.87
00446518	StLouis	James				
Current Location:		E	Comments:			
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Misc Wage	9/1/2005	\$73.80	\$0.00	\$0.00	\$77.67	152506
Canteen	9/6/2005	(\$19.43)	\$0.00	\$0.00	\$58.24	153662
Pay-To	9/12/2005	(\$10.00)	\$0.00	\$0.00	\$48.24	156064
Canteen	9/20/2005	(\$22.33)	\$0.00	\$0.00	\$25.91	159687
					Ending Mth Balance:	\$25.91
					MO # or Ck #	SourceName
						FS 7/24-8/23
						ST ELIZABETH ANN

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

**Individual Statement
For Month of October 2005**

Date Printed: 3/9/2006

Total Amount Currently on Medical Hold:	\$0.00
Total Amount Currently on Non-Medical Hold:	\$0.00

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Individual Statement

Date Printed: 3/9/2006

For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$46.78			
00446518	StLouis	James							
Current Location: E		Comments:							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Misc Wage	11/1/2005	\$75.24	\$0.00	\$0.00	\$122.02	177427		FS 9/24-10/23/05	
Canteen	11/1/2005	(\$17.25)	\$0.00	\$0.00	\$104.77	178104			
Pay-To	11/4/2005	(\$10.00)	\$0.00	\$0.00	\$94.77	179824			ST ELIZABETH ANN
Canteen	11/8/2005	(\$13.83)	\$0.00	\$0.00	\$80.94	181019			
Canteen	11/22/2005	(\$34.22)	\$0.00	\$0.00	\$46.72	186762			
					Ending Mth Balance:	\$46.72			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

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Individual Statement

Date Printed: 3/9/2006

For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$46.72			
00446518	StLouis	James							
Current Location:	E	Comments:							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Misc Wage	12/1/2005	\$70.56	\$0.00	\$0.00	\$117.28	190243		FS 10/24-11/23/05	
Canteen	12/6/2005	(\$19.27)	\$0.00	\$0.00	\$98.01	191869			
Canteen	12/13/2005	(\$19.52)	\$0.00	\$0.00	\$78.49	194166			
Pay-To	12/16/2005	(\$10.00)	\$0.00	\$0.00	\$68.49	196436		ST ELIZABETH ANN	
Canteen	12/27/2005	(\$19.72)	\$0.00	\$0.00	\$48.77	199929			
					Ending Mth Balance:	\$48.77			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

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Individual Statement

Date Printed: 3/9/2006

For Month of January 2006

SBI	Last Name	First Name	MI	Suffix	Reg Mth Balance:	\$48.77			
00446518	StLouis	James							
Current Location:		E	Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Misc Wage	1/3/2006	\$41.94	\$0.00	\$0.00	\$90.71	202459		FS 11/24-12/23/05	
Canteen	1/4/2006	(\$16.75)	\$0.00	\$0.00	\$73.96	204520			
Pay-To	1/13/2006	(\$10.00)	\$0.00	\$0.00	\$63.96	208378		ST ELIZABETH ANN	
Canteen	1/17/2006	(\$10.53)	\$0.00	\$0.00	\$53.43	209565			
					Ending Mth Balance:	\$53.43			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 3/9/2006

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For Month of February 2006

SID	Last Name	First Name	MI	Suffix	Reg Mth Balance:	\$53.43
00446518	StLouis	James				
Current Location: E Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	2/1/2006	(\$10.36)	\$0.00	\$0.00	\$43.07	215612
Pay-To	2/17/2006	(\$10.00)	\$0.00	\$0.00	\$33.07	224750
Canteen	2/21/2006	(\$13.05)	\$0.00	\$0.00	\$20.02	225286
Medical	2/24/2006	\$0.00	(\$4.00)	\$0.00	\$20.02	227099
Medical	2/24/2006	(\$4.00)	\$0.00	\$0.00	\$16.02	227479
Canteen	2/28/2006	(\$15.25)	\$0.00	\$0.00	\$0.77	228328
					Ending Mth Balance:	\$0.77

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00